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From:	Patrick J.S. Inourye	Date:	September 14, 200	6	
Re:	U.S. Patent Application Serial No. 09/346,559	Pages:	_6_ (including cover sheet)		
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PTO/SB/17 (07-06) Approved for use through 01/31/2007. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1985, no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Face pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Complete if Known Application Number 09/346,559 FEE TRANSMITTAI Filing Date June 30, 1999 RECEIVED For FY 2006 First Named Inventor David Goldberg CENTRAL FAXICENTER Examiner Name James A. Thompson Applicant claims small entity status. See 37 CFR 1.27 2625 <u>SEP 14</u> TOTAL AMOUNT OF PAYMENT 120.00 Altorney Docket No. D/99176 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order Other (please identify): None Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1,16 and 1.17 WARNING: Information on this form may become public. Cradit card information should not be included on this form. Provide cradit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity Small Entity Fees Paid (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 200 500 150 250 100 Design 200 100 100 50 130 65 Plant 200 160 80 100 300 150 300 500 600 Reissue 150 300 250 200 Provisional O 0 Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 25 Each claim over 20 (including Reissues) 50 200 100 Each independent claim over 3 (including Reissucs) 180 Multiple dependent claims 360 Total Claims Extra Claims For (\$) Fee Paid (\$) **Multiple Dependent Claims** - 20 or HP = <u> Feo (\$)</u> Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee Paid (\$) -3 or HP = HP = highest number of independent claims paid for, if greater than 3. **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small emity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) / 50 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Extension of Time (one-month) Filling fee: \$120.00. 120.00

SUBMITTED BY	4.0		
Signature	18 1 9 x	Registration No. (Attempt/Agent) 40279	Telephone (206) 381-3900
Name (Print/Type)	Patrick J.S. Inpuye		Date September 14, 2006

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